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CONFIRMATION NO. 4577

SERIAL NUMBER 10/823,468	FILING OR 371(c) DATE 04/12/2004 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. OAV-103XC1
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APPLICANTS

Sanford D. Altman, North Miami Beach, FL;

** CONTINUING DATA *****

This appln claims benefit of 60/462,908 04/15/2003 and claims benefit of 60/468,891 05/08/2003

** FOREIGN APPLICATIONS *****

none *15 Sep 06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/25/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

23557

TITLE

Dialysis catheter system

FILING FEE RECEIVED 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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